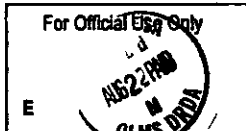


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number U <input type="text"/> <b>13491</b>	2. Fiscal Year Covered From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> 2004 Through <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> 2004
3. Name and address of person filing Name <input type="text"/> Daniel <input type="text"/> W <input type="text"/> Jones P.O. Box, Bldg. Room No. if any <input type="text"/> Street <input type="text"/> 11 Hemingway Drive City <input type="text"/> East Providence State <input type="text"/> Rhode Island ZIP Code + 4 <input type="text"/> 02915-2225	4. Name, file number, and address of labor organization. Name <input type="text"/> UA Plumbers & Pipefitters Local No 51 Labor Organization File Number <input type="text"/> 541-163 P.O. Box, Building and Room Number if any <input type="text"/> Street <input type="text"/> 11 Hemingway Drive City <input type="text"/> East Providence State <input type="text"/> Rhode Island ZIP Code + 4 <input type="text"/> 02915-2225
5. Position in labor organization <input type="text"/> Business Agent	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any) Name <input type="text"/> Trade Name, if any <input type="text"/> P.O. Box, Bldg. Room No. if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7 a. Nature of Interest, Transaction, or Income <input type="text"/> 7 b. Amount <input type="text"/>

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Daniel W Jones*

On

8/10/05  
Date

(401) 943-3033

Telephone Number

Name of Person Filing <b>Daniel Jones</b>	File Number <b>U</b>
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<b>8 Name and address of Business (including trade name if any)</b>  Name <b>Plumbers &amp; Pipefitters Local No 51 JATC Tr</b>  Trade Name if any <b>JATC</b>  P O Box Bldg Room No if any  Street <b>11 Hemingway Drive</b>  City <b>East Providence</b>  State <b>Rhode Island</b> ZIP Code + 4 <b>02915 2225</b>	<b>9 Business deals with</b>  <input checked="checked" type="checkbox"/> <b>a Labor Organization</b>  <input type="checkbox"/> <b>b Trust</b>  <input type="checkbox"/> <b>c Employer</b>		
<b>10 If 9 b or 9 c. is checked give trust or employer s name</b>  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State ZIP Code + 4	<b>11 a Nature of such dealing</b>  Attended an educational conference as Union Trustee representative of the Plumbers & Pipefitters Local No 51 Joint Apprenticeship Committee Trust Fund during January 2004 held by the International Foundation of Employee Benefit Plans  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"><b>11 b Approximate dollar value of such dealing</b></td> <td style="text-align: right; padding: 5px;"><b>\$2 450</b></td> </tr> </table>	<b>11 b Approximate dollar value of such dealing</b>	<b>\$2 450</b>
<b>11 b Approximate dollar value of such dealing</b>	<b>\$2 450</b>		
	<b>12 a Nature of interest held or income received</b>  Conference registration travel and lodging cost  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"><b>12 b Amount</b></td> <td style="text-align: right; padding: 5px;"><b>\$2 450</b></td> </tr> </table>	<b>12 b Amount</b>	<b>\$2 450</b>
<b>12 b Amount</b>	<b>\$2 450</b>		

<b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>	
<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b>  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State ZIP Code + 4	<b>14 a Nature of payment</b>            
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14 b Amount of payment</b>

Name of Person Filing Daniel Jones

File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received